

UNITED STATES DISTRICT COURT

for the

Northern District of California

ARCADIO S. ACUNA

Plaintiff

v.

LEA ANN CHRONES

Defendant

Civil Action No. CV 07-05423 VRW

Summons in a Civil Action

To: M. Ruff
(Defendant's name)

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Arcadio S. Acuna ID# C-43165

Pelican Bay State Prison C-10-119, P.O. Box 7500, Crescent City, CA 95532

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: April 7, 2008

Richard W. Wicking

Name of clerk of court

SIMONE VOLTZ

Deputy clerk's signature

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW
DEFENDANT Lea Ann Chrones et al.	TYPE OF PROCESS Order, Complaint, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
M. Ruff - CDCR - Correctional Officer
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
9838 Old Placeville Rd. , Sacramento, CA 95827

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Arcadio S. Acuna ID# C-43165
Pelican Bay State Prison C-10-119
P.O. Box 7500
Crescent City, CA 95532

Number of process to be
served with this Form 285

1

Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

SIMONE VOLTZ

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/7/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pmSignature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**OFFICE OF LEGAL AFFAIRS
LEGAL ACCESS TEAM**

1515 S Street, 95814
P.O. Box 942883
Sacramento, CA 94283-0001



April 10, 2008

Office of the Clerk, U. S. District Court
Northern District of California
450 Golden Gate Avenue
San Francisco, CA 94102

To Whom It May Concern:

The enclosed documents are being returned to you by the Office of Legal Affairs (OLA), as the OLA is not authorized to accept service of process for the named individuals; Michael Ruff, Everett Fischer, Devan Hawkes, William Luper, and Gary Williams. However, the correct address for proper service of the enclosed documents is as follows:

California Department of Corrections and Rehabilitation
Office of Correctional Safety
2880 Sunrise Blvd., Suite 130
Rancho Cordova, CA 95742
Attention: Everett Fischer
Senior Special Agent

If you have any questions, please contact me at (916) 341-6962.

Sincerely,

A handwritten signature in black ink that reads "Aurelia Lucero". The signature is fluid and cursive, with the first name "Aurelia" being more prominent than the last name "Lucero".

Aurelia Lucero
Associate Governmental Program Analyst
Office of Legal Affairs

Enclosures